## 06-29-06

|  |  |  | 000  | - /   | 0 0   |  |  | . *  |
|--|--|--|--|---|---|--|--|--|
| TPE  |  | PART B   | - FEE(S) T   | RA  | NSMITTAL  |  |  | <i>,</i>   |
| Complete and send  | ¦lîis form, together w   | ith applicable   | •  | •   | Mail Stop ISSUE<br>Commissioner for<br>P.O. Box 1450<br>Alexandria, Virgi<br>(571)-273-2885                   | r Patents  | 0  |  |
| INSTRUCTIONS: This for company the following the state of | rm should be used for tran<br>rrespondence including the<br>below or directed otherwise  | smitting the ISSU<br>Patent, advance on<br>in Block I, by (a | _  |   | ` '   | ired). Blocks I the<br>vill be mailed to the<br>and/or (b) indicat   | rough 5 sine current<br>ing a sepa                     | hould be completed when<br>correspondence address a<br>arate "FEE ADDRESS" fo                              |
| CURRENT CORRESPONDENCE   | ns.<br>CE ADDRESS (Note: Use Block 1 for   | any change of address)                                       |  |   | Note: A certificate of<br>Fee(s) Transmittal. The<br>papers. Each additional<br>have its own certificate      | mailing can only lis certificate cannot l paper, such as an  | be used for<br>t be used for<br>assignment             | or domestic mailings of the<br>for any other accompanying<br>int or formal drawing, mus                    |
|  | k, 47TH FLOOR  | L & HICKMA   | AN, LLP  |   | Cer<br>I hereby certify that th<br>States Postal Service v<br>addressed to the Mail<br>transmitted to the USP | tificate of Mailing<br>is Fee(s) Transmitt<br>with sufficient poste<br>  Stop ISSUE FEI<br>TO (571) 273-2885 | or Trans   | mission g denosited with the United P • mail in an envelope above, or being facsimile ate indicated below. |
| 30/2006 HDESTA2 0000   |  |  |  |   | Marcia S  | (Depositor's name)   |  |  |
| •  |  |  |  |   | marcia Surel  |  |  | (Signature)  |
| C:1501   | 1400.00 OP   |  |  |   | June 28.  | 2006   |  | (Date  |
| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED I  | INVEN   | TOR   | ATTORNEY DOCK  | KET NO.  | CONFIRMATION NO.   |
| 10/657,970<br>TITLE OF INVENTION: M  | 09/09/2003<br>MOLDED SAFETY SEAT   | -  | Gary Gene  | Dehar   | t   | 19839.133  | 3  | 4142   |
| APPLN. TYPE,   | SMALL ENTITY   | ENTITY ISSUE F   |  | PL  | IBLICATION FEE  | TOTAL FEE(S) DUE   |  | DATE DUE   |
| nonprovisional   | ovisional NO \$  |  | 400  |   | \$0   | \$1400   |  | 07/25/2006   |
| EXAMINER   |  | ART UNIT   |  | CLASS-SUBCLASS  |   | l  |  |  |
| PEDDER, DENNIS H   |  | 3612   |  |   | 296-068100  | ļ  |  |  |
| CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.   | the address or indication of "F<br>dence address (or Change of<br>22) attached.<br>tion (or "Fee Address" Indiction more recent) attached. Us<br>D RESIDENCE DATA TO E | Correspondence ation form e of a Customer                    | (1) the name<br>or agents OF<br>(2) the name<br>registered at<br>2 registered<br>listed, no na | es of u<br>R, alter<br>e of a s<br>ttorney<br>patent<br>me wi | single firm (having as a<br>or agent) and the nam<br>attorneys or agents. If<br>Il be printed.                | nt attorneys IKe   |  | 7 Covington<br>L & Hickman, I  |
| PLEASE NOTE: Unless<br>recordation as set forth ii<br>(A) NAME OF ASSIGN   | s an assignce is identified bin 37 CFR 3.11. Completion  |  | data will appea<br>T a substitute fo<br>(B) RESIDEN  | r on tor filing   | ,   | COUNTRY)   | low, the d   | ocument has been filed for   |
| Please check the appropriate   | e assignee category or catego  | ories (will not be pri                                       | inted on the pat   | ent) :  | ☐ Individual ★☐ Co  | orporation or other  | private gr   | oup entity Governmer   |
|  | enclosed: small entity discount permitt f Copies   | ed)  | Payment by   | the any credi   | nount of the fec(s) is en<br>it card. Form PTO-2038<br>treby authorized by cha<br>Number 18-12                | is attached.   | e(s), or cre   | edit any overpayment, to ra copy of this form).  |
| a. Applicant claims S  | (from status indicated above<br>MALL ENTITY status. See<br>is requested to apply the Iss   | 37 CFR 1.27.   | • •  |   | longer claiming SMA   |  |  |  |
|  | is requested to apply the Iss<br>bublication Fee (if required)<br>ords of the United States Pat  | will not be accepted ont and Trademark                       | office.  | other th  |   |  |  |  |
| Authorized Signature   | Karl S. Saw  | yer, Jr  |  |   |   | e 28, 2006<br>No. <u>28,902</u>  | b  |  |
|  | kar1 S. Saw<br>on is required by 37 CFR 1.3<br>lity is governed by 35 U.S.C<br>pplication form to the USP1<br>s for reducing this burden, s                            |  | on is required to<br>1.14. This colle<br>depending upo<br>e Chief Informa                      | obtain<br>ection in<br>the                                    |   | ,  | to file (an<br>te, includir<br>tount of ti<br>U.S. Dep | d by the USPTO to pro<br>ng gathering, preparing<br>me you require to com<br>artment of Commerce.          |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| 0  | F FTRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)   |                     |                                  |  |                       |                    |                        | Docket No. 19839.133  |  |  |  |  |
|--|---|---------------------|----------------------------------|--|-----------------------|--------------------|------------------------|-----------------------|--|--|--|--|
| الا<br>مح  | a   | it(s) Gary          | Gene Dehart                      | .*   | . •                   |                    |                        |                       |  |  |  |  |
| //   |   | etion No.<br>57,970 | Filing Date<br>September 9, 2003 | Examine<br>Pedder, Den                               |                       | Customer No. 21878 | Group Art Unit<br>3612 | Confirmation No. 4142 |  |  |  |  |
|  | Inventi   |                     | DED SAFETY SEAT                  |  |                       |                    |                        |                       |  |  |  |  |
|  | Transmi   | ted herewi          | th are the following fo          | COMMISSIONE<br><u>P.O. B</u><br><u>Alexandria, V</u> | ox 1450<br>/A 22313-1 | ENTS<br>450        |                        |                       |  |  |  |  |
|  | ⊠ Iss<br>⊠ Uti  |                     | nsmittal Form PTOL<br>\$ 1400.00 | -85  |                       | □                  | Plant Fee:             |                       |  |  |  |  |
|  | A check in the amount of \$1,400.00 is attached.  The Director is hereby authorized to charge and credit Deposit Account No. 18-1215 as described below.  Charge the amount of Credit any overpayment.  Charge any additional fee required.  Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: June 28, 2006 |                     |                                  |  |                       |                    |                        |                       |  |  |  |  |
| Cc: Michelle Emser  Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.  I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. on (Date))  (Date)  Certificate of Mailing by Exp. Class Mail  Certificate of Mailing by Exp. Class Mail  I hereby certify that this correspondence is being deposit with the United States Postal Service with sufficient postage. Exp. mail in an envelope addressed to "Commissione Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 1.8(a)] on  (Date)  Express Mail No. EV654502024US  Mauria June 1 |   |                     |                                  |  |                       |                    |                        |                       |  |  |  |  |
| Signature Signature of Person Mailing Correspondence  Marcia Siuda   |   |                     |                                  |  |                       |                    |                        |                       |  |  |  |  |
| Typed or Printed Name of Person Signing Certificate  Typed or Printed Name of Person Mailing Corresponden  |   |                     |                                  |  |                       |                    | rrespondence           |                       |  |  |  |  |